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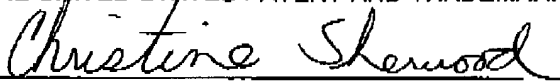
Art Unit: 3738

Examiner: Urmi Chattopadhyay

Phone: (703) 308-8510

From: Mark Garscia  
Reg No. 31,953Re: Application No. 09/775,677  
Filed February 5, 2001  
Entitled METHOD AND DEVICE FOR TREATMENT OF MITRAL  
INSUFFICIENCY

File: ECV 5697CIP 49988/MEG/E303

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO  
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON September 2, 2004.  
Christine Sherwood\*Correspondence: Amendment Transmittal Letter and Amendment After  
Final ActionFor Office Services Use Only  
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on September 2, 2004.

*Christine Sherwood*  
Christine Sherwood

Applicant : Jan Otto Solem, et al.  
Application No. : 09/775,677  
Filed : February 5, 2001  
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL INSUFFICIENCY

Grp./Div. : 3738  
Examiner : Urmi Chattopadhyay

Docket No. : ECV 5697CIP 49988/MEG/E303

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
September 2, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	19	*74	0	x \$9.00	x \$18.00	0
Independent Claims	4	** 13	0	x \$43.00	x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 14, 22, 38 and 40						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Other enclosures:

**Amendment Transmittal Letter**  
**Application No. 09/775,677**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garcia  
Mark Garcia  
Reg. No. 31,953  
626/795-9900


MEG/cks

CKS PAS581837.1.\*-08/27/04 11:29 AM

PATENT  
RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3738

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Christine Sherwood

Appl No. : 09/775,677 Confirmation No. 3473  
Applicant : Jan Otto Solem, et al.  
Filed : February 5, 2001  
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL  
INSUFFICIENCY

TC/A.U. : 3738  
Examiner : Urmi Chattopadhyay

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AMENDMENT AFTER FINAL ACTION

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
September 2, 2004

Commissioner:

In response to the Office action of June 29, 2004, please  
amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims  
which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.